

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W. G		9/8/00
O.I.P.E. CLASSIFIER		13	9/13/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	59573		10-20-00

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N .....  
 I .....  
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Claim	Final	Original	Date
1	✓	✓	11/14/04
2	✓	✓	11/14/04
3	✓	✓	11/14/04
4	✓	✓	11/14/04
5	✓	✓	11/14/04
6	✓	✓	11/14/04
7	✓	✓	11/14/04
8	✓	✓	11/14/04
9	✓	✓	11/14/04
10	✓	✓	11/14/04
11	✓	✓	11/14/04
12	✓	✓	11/14/04
13	✓	✓	11/14/04
14	✓	✓	11/14/04
15	✓	✓	11/14/04
16	✓	✓	11/14/04
17	✓	✓	11/14/04
18	✓	✓	11/14/04
19	✓	✓	11/14/04
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21	✓	✓	11/14/04
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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